

FILED NOV 3 1950

STANDARD CERTIFICATE OF DEATH

State File No. 32837

0140  
1

WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 5166 Registrar's No. 359

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Callaway</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Jackson</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Jackson</u>	
c. LENGTH OF STAY (in this place) <u>OK</u>		d. STREET ADDRESS (If rural, give location) <u>0140</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Hertude</u> b. (Middle) <u>Muedler</u> c. (Last) <u>Blakey</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 23, 1950</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug. 10, 1884</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Nursewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	9. AGE (In years last birthday) <u>66</u>	11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>		13a. FATHER'S NAME <u>H. F.</u>	
13b. MOTHER'S MAIDEN NAME <u>J. K.</u>		14. NAME OF HUSBAND OR WIFE <u>Albert Blakey</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>C</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Sueatcher</u>		ADDRESS <u>Beckler, Mo</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Embolus</u>		ANTECEDENT CAUSES		<u>+ 15 min</u>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <u>fracture of neck of left femur</u>		<u>10/17/50</u>	
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS		<u>9:00 P</u>	
Conditions contributing to the death but not related to the disease or condition causing death.				<u>201</u>	

19a. DATE OF OPERATION <u>10/8/50</u>		19b. MAJOR FINDINGS OF OPERATION <u>fracture of neck of left femur</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>at home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Callaway, Missouri</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u>Oct. 7, 1950 5:30 p.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR <u>Fell over footstool</u>	

22. I hereby certify that I attended the deceased from 10/7, 1950, to 10/23, 1950, that I last saw the deceased alive on 10/22, 1950, and that death occurred at 3:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Nancy Dunt, M.D.</u>		(Degree or title)		23b. ADDRESS <u>Fulton, Mo.</u>		23c. DATE SIGNED <u>10/24/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct. 25, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Walnut Grove</u>		24d. LOCATION (City, town, or county) (State) <u>Bonville Mo</u>	
DATE REC'D BY LOCAL REG. <u>Oct 27-1950</u>		REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u>		426		25. FUNERAL DIRECTOR'S SIGNATURE <u>Hughes Markin</u>	
						ADDRESS <u>AuxVasse, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

File No. \_\_\_\_\_  
DISTRICT HEALTH OFFICE No. 4

OCT 30 1950

RECEIVED

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed

*Hughes Maupin*

Licensed Embalmer No.

*2358*

P. O. Address

*Quincy, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.